

PATENT  
ATTORNEY DOCKET NO. 01948/101002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Li et al.	Confirmation No.:	1967
Serial No.:	10/575,127	Art Unit:	1636
§ 371(c) Date:	June 11, 2007	Examiner:	Jennifer Ann Dunston
Customer No.:	21559		
Title:	METHODS AND COMPOSITIONS FOR TREATING CONDITIONS INVOLVING ABNORMAL ANGIOGENESIS		

REPLY TO NOTICE OF ALLOWANCE AND NOTICE OF ALLOWABILITY

In reply to the Notice of Allowance that was mailed in connection with the above-captioned application on August 6, 2010, and having confirmation number 1967, and the Notice of Allowability that was mailed on August 6, 2010, submitted herewith is a completed fee transmittal form PTOL-85. The form PTOL-85 has been amended to show Jian Li as the first named inventor in view of the Petition Decision dated September 28, 2010, in which Applicants' request to change the order of the listed inventors was granted.

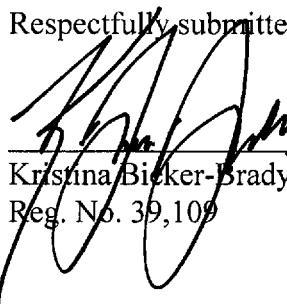
Applicants hereby authorize the Office to deduct the amount of \$1055.00 from Deposit Account No. 03-2095 to cover the fee of \$755.00 required by 37 C.F.R. § 1.18(a) and the publication fee of \$300.00.

Applicants submit that all requirements for allowance of this application have been met.

If there are any other charges or any credits, please apply them to Deposit Account No. 03-2095.

Date: November 4, 2010

Respectfully submitted,

  
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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

21559 7590 08/06/2010

**CLARK & ELBING LLP**  
**101 FEDERAL STREET**  
**BOSTON, MA 02110**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/575,127	06/11/2007	Jian Li	01948/101002	1967

TITLE OF INVENTION: METHODS AND COMPOSITIONS FOR TREATING CONDITIONS INVOLVING ABNORMAL ANGIOGENESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/08/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
DUNSTON, JENNIFER ANN	1636	424-093210
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).		
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		
2. For printing on the patent front page, list		
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Beth Israel Deaconess Medical Center

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2095 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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